ndiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 07/21/2007 Case #: 43 - 25088 County: JACKSON	Address: 940 N. C.R. 600NJ
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)	Scizure Location (check all that apply) Residence Hotel/Motel Outbuilding Nopen - No Structure Vehicle Other;
ttems Found: Location (bedroom, kitchen, open air (check all that apply) Lithium/Ammonia Reaction(s):	r <u>, etc)</u>
Red Phosphorous/Iodine Reaction(s); Flammable Solvents;	
☐ Hydrochloric Acid Gas Generator(s):	FINGUISHER, SIMING ALONG ROBINA
☐ Corrosive Acid:☐ Corrosive Base;☐ Other (item and location):	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services	Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:
This report is to be faxed to the following agencie	s that serve the location:
Fire Department: JACKSO 1 Co.	Fax: 817 - 522-7731 / Fax: 817 - 522-7316
Child Protection Service:	Fax: N/A
For further information regarding this methamphetan Investigating Officer: <u>LASTILL</u> <u>A. KEA</u> D	nine laboratory, contact Phone 812.522.1441
** This form is to be faxed to the Fire Department, Health De	